

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155202		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOSPITAL DR GREENCASTLE, IN46135			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: 4/25/11 - 4/29/11</p> <p>Facility number: 000109 Provider number: 155202 AIM number: 100266290</p> <p>Survey team: Teresa Buske RN 4/25-4/27/11; 4/29/11 Laura Brashear RN 4/25-4/28/11 Mary Weyls RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 7 Medicaid: 56 Other: 17 Total: 80</p> <p>Sample: 16 Supplemental sample: 2</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 5-6-11</p>			F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/25/2011

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OMB NO. 0938-0391

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F0278 SS=D	<p>Cathy Emswiler RN</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure residents' Minimum Data Set (MDS) assessments, including Care Assessment Area (CAA), were accurate for administration of influenza immunizations and/or falls for 3 of 16 residents reviewed with completed MDS assessments in a sample of 16. (Resident # 53, Resident #8, and Resident</p>			F0278	<p>It is the intent of this facility to ensure all RN coordinated assessments accurately reflect the resident status on the MDS.1. Action Taken a. In regards to Resident #23; the MDS assessment was amended to reflect the resident receiving the Influenza vaccination. b. In regards to Resident # 53; the MDS assessment was amended</p>		05/20/2011

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	<p>#23) .</p> <p>Findings include:</p> <p>1. Review of the clinical record of Resident # 23, on 4/26/11 at 2:15 p.m., indicated the resident received the Influenza immunization on 10/14/10. The quarterly Minimum Data Set (MDS) assessment, dated 11/15/10, and the Annual MDS assessment, dated 2/18/11, indicated the Influenza immunization was not offered.</p> <p>Interview of LPN #6 (Assistant Director of Nursing) on 4/29/11 at 11:35 a.m. indicated the MDS assessments were inaccurate.</p> <p>2. Resident #53's clinical record was reviewed on 4/28/11 at 12:05 p.m.</p> <p>An initial assessment was noted, dated 10/25/11, indicating the resident was not offered an influenza vaccine.</p> <p>During interview of LPN #10, on 4/27/11 at 11:35 a.m., the LPN indicated the assessment was inaccurate, in that the</p>				<p>to reflect the resident receiving the Influenza vaccination. c. In regards to Resident #8; the MDS assessment inaccurately identified that this resident did not have falls. The Care Assessment Area was amended to accurately reflect the resident.</p> <p>2. Others Identified a. 100% review of all residents most current MDS. b. No other findings3. Systems in Place a. The IDT will review\audit all MDS assessments as completed, in the daily QA stand-up meeting to verify\validate accuracy of the assessment. This will be an on-going QA audit. b. RN Coordinator will verify completion of assessments prior to closing and signing.4. Monitoring a. CEO\Designee will review all audits in quarterly QA meeting with Medical Director5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5-20-11.</p>		

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	<p>resident received an influenza vaccine on 10/25/10.</p> <p>3. Resident #8's clinical record was reviewed on 4/25/11 at 2:30 p.m. A Minimum Data Set [MDS] assessment, completed on 1/27/11 coded the resident without falls. The Care Assessment Area [CAA] indicated most of the residents falls were due to the resident tripping while walking or attempting to walk without assistance. All falls are due to decreased safety awareness.</p> <p>On 4/26/11 at 10:30 a.m., the MDS Coordinator and DON indicated the assessment was inaccurate as it did not pertain to Resident #8.</p> <p>3.1-31(d)</p>						

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F0323 SS=D	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure mechanical lifts were used in accordance with manufacturers' recommendation for 2 of 2 residents observed utilizing mechanical lifts in a supplemental sample of 2. (Resident #15 and #48)</p> <p>Findings include:</p> <p>1. During observation on 4/27/11 at 1:05 p.m., CNA's #7 and 8 transferred resident #48 from a wheelchair to bed with a Invacare Reliant 450 mechanical lift.</p> <p>During the transfer CNA #8 closed the legs of the lift slightly while positioning the legs of the lift under the bed.</p> <p>Upon interview on 4/25/11 at 11:55 a.m., LPN #9 indicated resident #48 required total care and the staff used a mechanical lift.</p>			F0323	<p>It is the intent of this facility to ensure mechanical lifts are used in accordance with manufacturers recommendations. 1. Action Taken a. All nursing staff in-serviced in using the mechanical lifts in accordance with manufacturers recommendations. b. Proficiency audits will be completed for all nursing staff in the use of mechanical lifts.</p> <p>2. Others Identified a. All residents who required the use of mechanical lifts would be affected. 3. Systems in Place a. All nursing staff will be in-serviced in the use of mechanical lifts per manufacturers recommendations by May 20, 2011. b. All newly hired nursing staff will receive in-service training in the use of mechanical lifts during orientation. c. DON\Designee will perform random proficiency audits on mechanical lifts three times per week on each shift for the next 30 days; then one time weekly on each shifts for next 30 days; then one time weekly on random shifts for 30 days. All nursing staff will perform an annual proficiency on the use of mechanical lifts. 4.</p>		05/20/2011

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	<p>2. On 4/27/11 at 4 p.m., Resident # 15 was observed to be transferred from the wheelchair to the bed and then back to the wheelchair utilizing the Invacare Reliant 450 mechanical lift by CNAs #4 and #5. The resident was lifted from the wheelchair with the base of the lift in the widest open position. The base of the lift was closed by the CNA when the resident was moved away from the wheelchair. The base remained closed as the resident was lowered onto the bed and when the resident was lifted again from the bed after incontinence care. The CNAs kept the base of the lift closed until it was opened around the wheelchair.</p> <p>Review of the Manufacturer's Guidelines for the Invacare Reliant 450 on 4/29/11 at 10:55 a.m. indicated "...ONLY operate this left with the legs in MAXIMUM OPEN POSITION and LOCKED in place. The base legs MUST be locked in the open position at all times for stability and patient safety when lifting and transferring</p>				<p>Monitoring a. CEO\Designee will review all proficiency's as completed in the daily QA stand-up meeting; and will review with Medical Director in quarterly QA meeting. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5-20-11.</p>		

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	a patient...." 3.1-45(a)(2)						

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F0334 SS=C	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes</p>						

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	<p>documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure each residents' medical record included documentation of the resident and/or residents' legal representative were provided the benefits of the influenza and/or pneumococcal immunizations for 13 of 16 residents identified receiving influenza and/or pneumococcal immunization in a sample of 16. (Resident #79, Resident #39, Resident #45, Resident #8, Resident #53, Resident #59, Resident #23, Resident #24, Resident #11, Resident # 40, Resident #22, Resident #1, Resident #26). This had the potential to affect 80 of 80 residents.</p> <p>Findings include:</p>			F0334	<p>It is the intent of this facility that each residents medical record include documentation of the resident and/or residents legal representative that they have been provided the information in regards to the benefits of the influenza or/or pneumococcal immunizations. 1. Action Taken a. The facility added the current CDC information sheet listing the Benefits and Potential side effects to the consent form for the Influenza\Pneumococcal vaccinations. A copy of this information will be provided to the resident and/or their legal representative, and a copy will be maintained on the resident's clinical record. 2. Others Identified a. Current vaccine period ended March</p>		05/20/2011

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	<p>1. Review of the clinical record of Resident #23 on 4/26/11 at 2:15 p.m. indicated the resident received the influenza immunization on 10/14/10. Documentation of the benefits for the influenza and pneumococcal immunizations being maintained on the medical record was lacking.</p> <p>2. Review of the clinical record of Resident #22 on 4/29/11 at 12:05 p.m. indicated the resident received the influenza immunization in October of 2010. Documentation of the benefits for the influenza and pneumococcal immunizations being maintained on the medical record was lacking.</p> <p>3. Review of the clinical record of Resident #26 on 4/27/11 at 4:20 p.m. indicated the resident received the influenza immunization on 10/18/10. Documentation of the benefits for the influenza and pneumococcal immunizations being maintained on the medical record was lacking.</p> <p>4. Review of the clinical record of Resident #24 on 4/27/11 at 12:45 p.m. indicated the resident received the influenza immunization on 10/18/10. Documentation of the benefits for the influenza immunization being maintained on the medical record was lacking.</p>				<p>31st. b. No findings3. Systems In Place a. 2011\2012 Influenza\Pneumococcal consents will include the benefits and possible side effects of immunization to all resident\legal representatives; a copy will also by maintained on the residents' clinical record. 4. Monitoring a. DON\Designee will audit all resident clinical records during 2011\2012 immunization period. b. CEO\Designee will review all audits as completed and will review with Medical Director in the quarterly QA meeting. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5-20-11.</p>		

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	<p>5. Resident #45's clinical record was reviewed on 4/26/11 at 2:25 p.m.</p> <p>Documentation indicated the resident received a influenza vaccine on 10/21/10.</p> <p>Information regarding the benefits of influenza and pneumovac immunizations were lacking.</p> <p>6. Resident #40's clinical record was reviewed on 4/27/11 at 4:30 p.m.</p> <p>Documentation indicated the resident received a influenza vaccine on 10/18/10.</p> <p>Information regarding the benefits of influenza and pneumococcal immunizations were lacking.</p> <p>7. Resident #79's clinical record was reviewed on 4/25/11 at 2:25 p.m.</p> <p>Information regarding the benefits of influenza and pneumovac immunizations were lacking.</p> <p>During interview of LPN #10 on 4/29/11 at 10:55 a.m., the LPN provided documentation indicating the resident received an influenza vaccine on 3/22/11.</p> <p>8. Resident #39's clinical record was reviewed on 4/26/11 at 11 a.m.</p>			F0334	<p>It is the intent of this facility that each residents medical record include documentation of the resident and/or residents legal representative that they have been provided the information in regards to the benefits of the influenza or/and pneumococcal immunizations. 1. Action Taken a. The facility added the current CDC information sheet listing the Benefits and Potential side effects to the consent form for the Influenza\Pneumococcal vaccinations. A copy of this information will be provided to the resident and/or their legal representative, and a copy will be maintained on the resident's clinical record. 2. Others Identified a. Current vaccine period ended March 31st. b. No findings. 3. Systems In Place a. 2011\2012 Influenza\Pneumococcal consents will include the benefits and possible side effects of immunization to all resident\legal representatives; a copy will also be maintained on the residents' clinical record. 4. Monitoring a. DON\Designee will audit all resident clinical records during 2011\2012 immunization period. b. CEO\Designee will review all audits as completed and will review with Medical Director in the quarterly QA</p>		05/20/2011

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	<p>Documentation indicated the resident received a influenza vaccine on 10/13/10</p> <p>Information regarding the benefits of influenza and pneumovac immunizations were lacking.</p> <p>9. Resident #53's clinical record was reviewed on 4/27/11 at 12:05 p.m.</p> <p>Information regarding the benefits of influenza and pneumovac immunization were lacking.</p> <p>During interview of LPN #10 on 4/29/11 at 10:55 a.m., the LPN indicated the resident received a influenza vaccine on 10/25/10.</p> <p>10. Resident #8 's clinical record was reviewed on 4/25/11 at 2:30 p.m.</p> <p>Documentation was noted of the resident receiving the flu vaccine on 10/14/10.</p> <p>Documentation of the resident or representative being made aware of the benefits of the influenza immunization as well as documentation of the</p>				<p>meeting. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5-20-11.</p>		

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	<p>benefits being maintained on the medical record was lacking.</p> <p>11. Resident #59 's clinical record was reviewed on 4/27/11 at 10:30 a.m. Documentation was noted of the resident receiving the flu vaccine on 10/18/10. Documentation of the resident or representative being made aware of the benefits of the influenza immunization as well as documentation of the benefits being maintained on the medical record was lacking.</p> <p>12. Resident #11's clinical record was reviewed on 4/27/11 at 2:30 p.m. Documentation was noted of the resident receiving the flu vaccine on 10/14/10. Documentation of the resident or representative being made</p>						

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	<p>aware of the benefits of the influenza immunization as well as documentation of the benefits being maintained on the medical record was lacking.</p> <p>13. Resident #1's clinical record was reviewed on 4/28/11 at 2:30 p.m. An admission date was noted of 3/6/09 and readmission date of 8/12/09. Documentation of the resident or representative being made aware of the benefits of the influenza immunization as well as documentation of the benefits being maintained on the medical record was lacking.</p> <p>Interview of LPN #6 ADON on 4/29/11 at 11 a.m. indicated the benefits of the influenza and/or pneumococcal immunizations were given to the resident and/or family representative.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155202		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOSPITAL DR GREENCASTLE, IN46135			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>However, documentation of the benefits were not maintained on the residents' clinical records.</p> <p>Review of the current facility policy and procedure titled "INFLUENZA AND PNEUMOCOCCAL VACCINATION" dated 9/08 on 4/29/11 at 11:45 a.m. indicated "...5. Inform each resident/responsible party of the benefits and potential side effects of the Influenza or Pneumococcal vaccine..."</p> <p>3.1-13(a)</p>						